

| RETIREMENT DATA | | | | | | |
|--|---|--|--------------------|---|-----|----|
| DATA REQUIRED BY THE PRIVACY ACT (PUBLIC LAW 93-579) | | | | | | |
| AUTHORITY: | 10 USC 3012 | | | | | |
| PRINCIPAL PURPOSES: | To control Retirement Processing and to facilitate ceremonial purposes and for Retirement Certificate. | | | | | |
| ROUTINE USES: | To maintain a record of Retirement Addresses and Telephone Numbers for contacting Service Members. To facilitate Retirement Ceremonial Functions and allow a accurate typing of certificates. | | | | | |
| DISCLOSURE: | Disclosure of the information by the individual is voluntary. Failure to provide necessary information may result in the Service Member not being allowed to participate in the Retirement Ceremony or in Spouses' receipt of Retirement Certificate. | | | | | |
| Please type all entries on this form | | | | | | |
| 1. NAME (Last, First, Middle) | | 2. SSN | 3. RANK | | | |
| 4. BRANCH (AG, IN, AV) | 5. DATE OF RANK | 6. TRANSITIONAL LV DATE | 7. RETIREMENT DATE | | | |
| 8. UNIT | | 9. SPOUSE'S NAME (Last, First, Middle) | | | | |
| 10. DUTY PHONE | | 11. HOME PHONE | | | | |
| 12. EMAIL ADDRESS | | | | | | |
| 13. PRESENT ADDRESS | | | | | | |
| 14. RETIREMENT ADDRESS | | | | | | |
| 15. ACTIVE SERVICE DATE | 16. YEARS | 17. MONTHS | 18. DAYS | | | |
| 19. DO YOU WISH TO TAKE PART IN A RETIREMENT CEREMONY? TYPE AN "X" IN APPR. BOX | | | YES | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">YES</td> <td style="width: 50%; padding: 5px;">NO</td> </tr> </table> | YES | NO |
| YES | NO | | | | | |
| 20. IF YES, CIRCLE OR TYPE IN THE BOX THE END-OF-MONTH RETIREMENT CEREMONY YOU WISH TO ATTEND: | | | | | | |
| JAN | FEB | MAR | APR | MAY | | |
| JUN | JUL | AUG | SEP | OCT | | |
| NOV | DEC | | | | | |
| 21. NOTES: UNIFORM: (MANDATORY FOR PARTICIPANTS); CLASS A, BLACK BERET, WITH ALL AWARDS AND DECORATIONS | | | | | | |
| CEREMONY PARTICIPANTS MUST WEAR BERET DURING THE CEREMONY | | | | | | |
| CEREMONY TIME IS 1500 HRS, LOCATION IS FT MYER'S SUMMERALL FIELD, INCLEMENT WEATHER LOCATION IS FT MYER'S CONMY HALL | | | | | | |
| ALL PARTICIPANTS MUST REPORT ONE HOUR PRIOR AT 1400 HRS FOR ACCOUNTABILITY AND CEREMONY BRIEF | | | | | | |
| 21. IF YOU ARE SERVICED BY FORT MYER TRANSITION POINT PLEASE FAX DATA SHEET BACK TO (703) 696 - 2780 OR (703) 696-8898 | | | | | | |
| 22. RETIREES MAY ALSO FAX SHEET TO (202) 685-3379 OR EMAIL TO CADSE@fhqncr.northcom.mil | | | | | | |

Jan-05

As of 2/20/2007